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Passive smoking may not kill but it does a lot of harm

CAMPAIGNS against tobacco have tended to rely heavily on the increased liability of cigarette smokers to develop cancer of the lung. Although the statistics are frightening, these crusades have understated the effect of cigarettes on cardiovascular disease, non-malignant conditions of the lung such as emphysema and bronchitis, and cancers of the mouth, gullet, bladder and cervix.

The knowledge that smoking makes it four times more likely to have a fatal coronary thrombosis before the age of 65 is in many ways a greater deterrent than the increased risk of developing cancer of the lung.

Recent research by the European working group on environmental tobacco smoke and lung cancer, which has shown that passive smoking is a statistically insignificant factor in the cause of lung cancer in non-smokers, is no great surprise to most doctors.

The traditional teaching is that about one in ten lung tumours occurs in non-smokers and these usually have a different cellular structure. Thirty years ago a non-smoking patient with lung cancer was considered a misfortune of nature and blamed nobody, but now it is rare to see such a patient who does not blame it without any true evidence, on a smoking spouse, a neighbour at work or a lifetime as a hairman or in some other job that involves working in a smoky atmosphere.

The greater chance of developing a common disability is usually more telling than the fear of catastrophe in the future. As a former doctor in general practice, I have always felt that the simple statistic that smoking one cigarette



MEDICAL BRIEFING

arete cuts the penile blood supply by a third is likely to do more to dissuade middle-age smokers than all the statistics on cancer of the lung.

Aged 25, fit and youthful, a smoker can afford a third of a desirable, if not essential, blood supply without disadvantage 15 years later he may well find this loss is critical.

Likewise, smokers will not be discouraged by news that passive smokers have a relative risk of 1.01, where 1.0 means no increase in risk, but may think again when they realise that their addiction

can exacerbate many minor problems suffered by those with whom they work or live.

Passive smoking may trigger asthma, allergic rhinitis, itchy nose, bronchitis and angina in their colleagues. Even the toughest smoker would presumably refrain from smoking if he or she understood its detrimental effect on children, where it is closely related to the incidence of childhood asthma and on death.

Working, or living, in a tobacco-laden atmosphere induces chest pain in patients with coronary heart disease. When people with heart disease share a car to work with smokers they have angina on the way when they are breathing smoke-laden air and on the way back, but while in the office they are free of chest pain.

Passive smoking may cause angina, coughing, a runny nose, it may even kill small babies, but it is unlikely to give rise to cancer.

DR THOMAS
STUTTAFORD